

05/11/01 JC985 U.S. PTO

05-14-01

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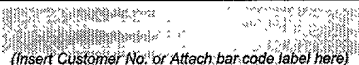
Please type a plus sign (+) inside this box → ☒

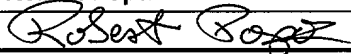
PTO/SB/50 (08-00)  
Approved for use through 12/30/2000 OMB 0651-0033  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## REISSUE PATENT APPLICATION TRANSMITTAL


jc997 U.S. PTO  
09/853852  
05/11/01

<b>Address to:</b>  <b>Assistant Commissioner for Patents Box Reissue Washington, DC 20231</b>		<b>Attorney Docket No.</b> 153501-0357
		<b>First Named Inventor</b> Geis, E. et al.
		<b>Original Patent Number</b> 5,903,136
		<b>Original Patent Issue Date (Month/Day/Year)</b> May 11, 1999
		<b>Express Mail Label No.</b> EL 088 713 794 US
<b>APPLICATION FOR REISSUE OF:</b> <input checked="" type="checkbox"/> <b>Utility Patent</b> <input type="checkbox"/> <b>Design Patent</b> <input type="checkbox"/> <b>Plant Patent</b> (Check applicable box)		
<b>APPLICATION ELEMENTS (37 CFR 1.173)</b>		<b>ACCOMPANYING APPLICATION PARTS</b>
1. <input checked="" type="checkbox"/> <b>Fee Transmittal Form (PTO/ SB/ 56)</b> (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)		11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))		12. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) (unexecuted)		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)(unexecuted)		14. Other: <b>Request for Abstract of Title</b> ..... .....
<input checked="" type="checkbox"/> Power of Attorney (unexecuted)		
<b>15. CORRESPONDENCE ADDRESS</b>		
<input type="checkbox"/> Customer Number or Bar Code Label  or <input checked="" type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)		
<b>Name</b> IRELL & MANELLA LLP		
<b>Address</b> 1800 Avenue of the Stars Suite 900		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
Los Angeles	CA	90067-4276
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>
U.S.A.	310-277-1010	310-203-7199

<b>NAME</b> (Print/Type)	<b>Robert Popa</b>	<b>Registration No. (Attorney/Agent)</b>	<b>43,010</b>
<b>Signature</b>		<b>Date</b>	<b>May 11, 2001</b>

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <b>153501-0357</b>		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) <b>25</b>	Total Claims (37 CFR 1.16(j))	(B) <b>25</b>	**** <b>0</b> =	x \$ <b>0</b> =		or	x \$ ____ =	
(C) <b>8</b>	Independent claims (37 CFR 1.16(i))	(D) <b>8</b>	* <b>0</b> =	x \$ <b>0</b> =			x \$ ____ =	
Basic Fee (37 CFR 1.16(h))					\$ <b>355</b>			\$ ____
Total Filing Fee					\$ <b>355</b>	OR	\$ ____	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** <b>231</b>	MINUS	** <b>25</b>	* = <b>206</b>	x \$ <b>9</b> =	<b>1854</b>		x \$ ____ =
Independent Claims (37 CFR 1.16(i))	*** <b>25</b>	MINUS	***** <b>8</b>	= <b>17</b>	x \$ <b>40</b> =	<b>680</b>		x \$ ____ =
Total Additional Fee					<b>2534</b>	OR	\$ ____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <b>09-0946</b>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <b>2889.00</b> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align: center;"><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>								
05/11/01		 Signature of Applicant, Attorney or Agent of Record <b>Robert Popa</b> Typed or printed name						

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re reissue application of: )  
 )  
 U. S. Patent No: **5,903,136** )  
 )  
 Issued : **May 11, 1999** )  
 )  
 Inventor(s) : **Geis, E. et al.** )  
 )  
 For : **Turbogenerator/Motor Controller** )  
 )  
 \_\_\_\_\_ )

ASSENT OF ASSIGNEE  
AND CERTIFICATION UNDER 37 CFR 3.73(b)

Commissioner for Patents  
 Washington, D.C. 20231

Sir:

Capstone Turbine Corporation, assignee of the entire interest in the above-referenced letters patent, hereby assents to the accompanying application for reissue.

Capstone Turbine Corporation, ("assignee"), a corporation having a place of business at 21211 Nordhoff Street, Chatsworth, California 91311, certifies that to the best of assignee's knowledge and belief it is the assignee of the entire right, title, and interest in and to the above-referenced patent and represents that the undersigned is a representative authorized and empowered to sign on behalf of the assignee.

CAPSTONE TURBINE CORPORATION

Dated: \_\_\_\_\_

By: Jeffrey Watts  
 Its: Chief Financial Officer

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<b>REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT</b>		Docket Number (Optional) 153501-0357
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s)     Capstone Turbine Corporation		
Patent Number	5,903,116	Date Patent Issued May 11, 1999
Title of Invention     Turbogenerator/Motor Controller		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are <u>Capstone Turbine Corporation</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Capstone Turbine Corporation		
Signature		Date
Typed or printed name and title of person signing for assignee (if assigned) Jeffrey Watts, Chief Financial Officer		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re reissue application of: )  
 )  
U. S. Patent No: **5,903,116** )  
 )  
Issued : **May 11, 1999** )  
 )  
Inventor(s) : **Geis, E. et al.** )  
 )  
For : **Turbogenerator/Motor** )  
 **Controller** )  
 )  
\_\_\_\_\_ )

REQUEST FOR ABSTRACT OF TITLE

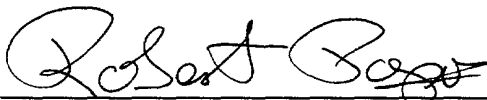
Box REISSUE  
Commissioner for Patents  
Washington, D.C. 20231

Sir:

Please prepare a certified Abstract of Title in respect of the above identified original patent for placing in the official file of the Reissue Application which is filed herewith.

Please charge \$25.00, in accordance with 37 CFR 1.19(b)(4), to Deposit Account No. 09-0946, for which purpose a duplicate of this paper is enclosed.

Respectfully submitted,



Robert Popa (Registration No. 43,010)

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